

CLAIMS ONLY						Application Number <i>10639443</i>	Filing Date	
						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
1	I							
2		I						
3		I						
4		I						
5		I						
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23		I						
24		I						
25		I						
26		I						
27	A	I						
28		I						
29	I	I						
30		I						
31		I						
32		I						
33		I						
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45								
46								
47								
48								
49								
50								
Total Indep	3							
Total Depend	30	←	←	←				
Total Claims	33							